(d) whether Government have formulated any programme for eradication of leprosy; and

(e) if so, by when the above programme is likely to be implemented?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) Yes, Sir.

(b) and (c) So far, four Nationwide Modified Leprosy Elimination Campaign (MLEC) have been undertaken during 1998-03. These campaigns have resulted in detection of following cases:—

MLEC-I (1998-1999) detected-4.63 lakh leprosy cases.

MLEC-II (1999-2000) detected-2.13 lakh leprosy cases.

MLEC-III (2001-2002) detected-1.63 lakh leprosy cases.

MLEC-IV (2002-2003) detected-1.04 lakh leprosy cases.

Besides this, there is a regular monthly reporting system in which consolidated report is sent to Central Leprosy Division by the respective State Leprosy Officers. As per latest reports received from States upto the month of June, 2003 (provisional) we have 3.29 lakhs cases of leprosy in India.

(d) and (e) Government of India is already implementing a 100% Centrally sponsored National Leprosy Control Programme with effect from 1954-55 and further intensified as National Leprosy Eradication Programme with effect from 1983-84, in the whole country. Currently National Leprosy Elimination Project-ll with World Bank assistance is being implemented since 1.4.2001 for 3 years.

Retail prices of drugs

1562. DR. C. NARAYANA REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it has been brought to Government's notice that drugs manufacturers are fixing maximum retail price of medicines many times more than the actual value of the generics;

(b) whether any survey has been conducted on the price structure of the medicines; and

(c) if not, whether Government propose to do it now for evolving a rational methodology?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) The National Pharmaceutical Pricing Authority has informed that some instances of manufacturers fixing/printing very high retail prices, offering huge profits (trade margins) to trade in respect of generic medicines which generally do not involve expenses towards sales promotion through medical profession have come to their notice.

(b) and (c) An examination done on test check basis by NPPA and information received from some State Drugs Controllers has shown that, mostly in case of generic non-scheduled (de-controlled) formulations the manufacturers had offered huge margins to the trade by printing high retail prices. Such activity, which is mostly prevalent in non-scheduled formulations does not contravene the provisions of DPCO-1995. However, Government has power to interfere and fix the prices of such formulations under Para 10 (b) of DPCO, if it is established that public interest is adversely affected. The matter was discussed with industry associations and they agreed to exercise self-discipline in the matter of trade margins and bonuses offered to dealers as per good marketing practices.

Hepatitis 'A' vaccine

1563. SHRI LALIT SURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is a difference of opinion among the medical experts on the question of using Hepatitis 'A' vaccine to prevent liver diseases including jaundice;

(b) if so, whether Government have formulated any policy on the issue; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) As per information furnished by Indian Council of Medical Research, New Delhi, jaundice is caused by major Hepatitis virus such as A, B, C and *E* infection. Hepatitis